

SCHOOL-AGE SERVICES (SAS) SPONSOR/PROGRAM AGREEMENT

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:

PRINCIPAL PURPOSE:

ROUTINE USES:

DISCLOSURE:

NAME OF SPONSOR (Last, First, MI)

SPONSOR'S SSN:

NAME OF CHILD (Last, First, MI)

VALID DATES (Month-Day-Year to Month-Day-Year)

SERVICE (Check appropriate box)

☐ MORNING ONLY

☐ AFTERNOON ONLY

☐ FULL DAY

☐ SPECIAL

☐ CAMP

AGE GROUP CATEGORY (Check appropriate box)

☐ 1st Grade

☐ 2nd Grade

☐ 3rd Grade

☐ 4th Grade

☐ 5th Grade

☐ 6th Grade

I agree to enroll my child _____ in the SAS facility located

☐ 1721 Gruber Road, Fort Sill, Oklahoma

☐ 6599 Lucas Road, Fort Sill, Oklahoma

☐ Other: _____

PROGRAM SERVICES

PROGRAM OPERATING HOURS ARE AS FOLLOWS:

MON: 0530-1730

TUE: 0530-1730

WED: 0530-1730

THU: 0530-1730

FRI: 0530-1730

SAT: CLOSED

SUN: CLOSED

I UNDERSTAND AND ACKNOWLEDGE THAT:

- Children in morning care, full day care, and camp must be checked in no later than 0800. Children will not be accepted after 0800. Exceptions may be made only by the center director, on a case by case basis.
- All children must be picked up before 1730

SERVICES FOR MY CHILD WILL BE AS FOLLOWS (Sponsor – list hours):

MON: _____ TO _____ TUE: _____ TO _____ WED: _____ TO _____ THU: _____ TO _____ FRI: _____ TO _____

SERVICES WILL NOT BE AVAILABLE ON:

Federal Holidays and/or Fort Sill Training Holidays and/or if Fort Sill is closed. I will be notified in advance, whenever possible, of additional periods of non-service as determined by SAS personnel. (Child may be denied care when illness precludes participation in routine program activities.)

PRIOR NOTICE REQUIREMENT:

A 2-week written notice is required to terminate services. If not received, parent/guardian is charged for 2-weeks of care. Credit Leave will not be used in lieu of payment.

UNIQUE CONSIDERATIONS (Sponsor)

I REQUEST THE FOLLOWING SPECIAL NEEDS OF MY CHILD BE ACCOMMODATED:

MY CHILD REQUIRES THE FOLLOWING SPECIAL ITEMS WHICH I WILL SUPPLY

MY CHILD HAS THE FOLLOWING DIETARY RESTRICTIONS DUE TO:

☐ FOOD ALLERGIES

☐ RELIGIOUS DOCTRINE

I WILL FURNISH SAS WITH VERIFICATION FROM MEDICAL DOCTOR AND/OR RELIGIOUS LEADER, WHICHEVER IS APPLICABLE.

FEES AND CHARGES (SAS personnel)

RATES FOR PROGRAM SERVICES ARE AS STIPULATED IN FEE CHART UNLESS OTHERWISE NOTED.

Household Income: _____

Fee Category: _____

SAS Representative Initials: _____

MISCELLANEOUS FEES FOR PROGRAM SERVICES ARE AS FOLLOWS:

- An annual registration fee (per family) is required, renewable upon expiration.
- A late pick-up fee of \$5.00 (per child) per 15 minutes or fraction thereof starting at closing time.
- Payment obligation is based on hours I agree to use services, not on actual hours of child attendance, unless they exceed the hours contracted.
- In the event of absence of my child from care due to illness, fees will not be reduced unless Credit Leave is used.
- In the event of absence of my child from care due to vacation, fees will not be reduced unless Credit Leave is used

FEES WILL BE PAID IN THE FOLLOWING MANNER:

- The Application for DOD Child Care Fees (DD Form 2652) must be completed by parent/guardian and SAS prior to care.
- Payment is due prior to receiving care.
- If paying monthly: Total monthly fee is due on the 1st of the month. \$5.00 per day (per child) late fee is assessed for the first three working days after the 5th.
- If paying bimonthly: The first bimonthly payment is due on the 1st of the month. \$5.00 per day (per child) late fee is assessed for the first three working days after the 5th. The second bimonthly payment is due on the 15th of the month. \$5.00 per day (per child) late fee is assessed for the first three working days after the 15th.
- If payment is not made, sponsor will be billed the total amount of the monthly or bimonthly fee, whichever is applicable, plus \$5 per day (per child) late fee for the first three working days after payment is due, and the child care contract will be terminated.
- Refunds for pre-paid monthly fees are granted on a case by case basis.

FEES AND CHARGES ARE SUBJECT TO CHANGE. PATRONS WILL BE NOTIFIED OF CHANGES 30 DAYS PRIOR TO EFFECTIVE DATE.

CREDIT LEAVE:

- Parents may use up to two (2) weeks Credit Leave (illness, vacation, etc.) per school year without paying the full monthly fee during that time and without loss of their child care space.
- Except in cases of illness or emergency, Credit Leave must be requested, in writing, at least 48 hours prior to absence.
- Credit Leave will only be given in increments of one week. A week is seven (7) consecutive days (i.e. Monday-Sunday). Non-consecutive days may not be counted up to make a week. If a Federal Holiday falls during a week, it will be counted as one of the seven days.
- Refunds are not authorized if Credit Leave is not used. Leave can not be accumulated from year to year.

POLICIES

CHILD MEDICATIONS WILL BE ADMINISTERED ONLY UPON MY WRITTEN REQUEST UNDER THE FOLLOWING SAS CONDITIONS:

- Medications are administered to children as outlined by AR 608-10 and SAS' Health SOP.
- Medication is administered at 0800 and 1200 only. Exceptions are granted only by the center director, on a case by case basis.

I ACKNOWLEDGE A SHARED RESPONSIBILITY WITH SAS FOR CHILD ABUSE PREVENTION.

ALL SUSPECTED CASES OF CHILD ABUSE WILL IMMEDIATELY BE REPORTED TO PROPER AUTHORITIES.

I ACKNOWLEDGE AND CONSENT TO THE FOLLOWING SAS POLICIES CONCERNING THE CARE OF MY CHILD:

- Following an illness, children will meet readmission criteria stated in AR 608-10 and SAS' Health SOP.
- Parents/Guardians will present SAS Identification Card to caregiver at the time the child is picked up.
- All children will accompany their group to outside activities; exceptions will require physician's statement and approval by the center director.
- Parents/Guardians will furnish names and phone numbers of two local Points of Contact (POCs) who may be contacted if child/ren have not been picked up and/or an emergency situation should arise, and the parents/guardians cannot be reached. If parents/guardians or POCs cannot be reached, other appropriate authorities will be contacted.

DISCIPLINARY PROBLEMS

I UNDERSTAND AND ACKNOWLEDGE THAT SAS HAS THE OPTION OF SUSPENDING MY CHILD AND/OR EXPELLING MY CHILD (AND TERMINATING THIS CHILD CARE CONTRACT) IF MY CHILD DOES ANY OF THE FOLLOWING:

- Repeatedly uses profane, abusive, or vulgar language.
- Repeatedly shows a lack of respect for other children and/or SAS staff members.
- Physically hurts another child and/or an SAS staff member, even once.
- Performs any act that results in a health and/or safety risk to any other child and/or SAS staff member.
- Repeatedly misbehaves and/or is disruptive, causing staff members to have to repeatedly take their attention away from the other children in the group.

SIGNATURE OF SPONSOR _____

DATE _____

SIGNATURE OF SPOUSE _____

DATE _____

SIGNATURE OF SAS REPRESENTATIVE _____

DATE _____
